Date Application Received:	
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Application for Special Use PermitCity of Harrisonburg, Virginia

Fee: \$325.00		Total Paid: \$		
Property Owner's Name				
		Email:		
			Zip:	
			Mobile	
Owner's Representative:				
		Email:		
City:	State:		Zip:	
Telephone: Work	Fax		Mobile	
Description of Property and R	Request			
Location (Street Address):				
			Lot Area:	
Existing Zoning Classification:				
Special Use being requested: _				
Please provide a detailed descrip Names and Addresses of Adjace				
North: South: East:	1 ,	•	,	
West:		11	•	
Certification: <i>I certify that the</i>	information contain	ed herein is true	and accurate.	
Signature: Propert	y Owner			
1 -	,			
ITEMS REQUIRED FOR SU	BMISSION			
Completed Application Site Plan Description of Proposed U	Jse	Fees Paid Property Lo	ocated on Tax Map	
Adjacent Property Owners	S			